



TRICARE® and the Affordable Care Act

Meet your minimum essential coverage requirement under the law with TRICARE or other health care coverage options

TRICARE is a benefit established by law as the health care program for uniformed service members, retired service members, and their families. The Affordable Care Act, signed into law in 2010, was created to expand access to affordable health care coverage, lower costs, and improve quality and care coordination for all Americans.

The Affordable Care Act will enact, over time, a series of reforms. Some examples of these changes include prohibiting insurance companies from denying coverage to those with preexisting conditions, eliminating lifetime limits on coverage, and providing free preventive care under all health care programs.

Although the Affordable Care Act does not impact your TRICARE coverage, it could impact you in other ways:

- **If you lose TRICARE coverage for any reason** (*e.g., separating from active duty; separating from the military; losing eligibility due to age, marriage, or divorce*). If you lose TRICARE eligibility, in some cases, you may be eligible for premium-free transitional health care coverage through the Transitional Assistance Management Program (TAMP). After the 180 days of TAMP coverage, you may qualify to purchase the Continued Health Care Benefit Program (CHCBP) for an additional 18–36 months of coverage. If you are not eligible for TAMP, you may qualify to purchase CHCBP for 18–36 months of coverage. Both of these options are considered minimum essential coverage. You can also look for other coverage options by visiting www.healthcare.gov.

MINIMUM ESSENTIAL COVERAGE

Under the Affordable Care Act, people must have health care coverage that meets a minimum standard called minimum essential coverage; otherwise, they must qualify for an exemption. With TRICARE, you have minimum essential coverage under the Affordable Care Act. Minimum essential coverage must be in place by 2014. The Internal Revenue Service will use information from the Defense Enrollment Eligibility Reporting System (DEERS) to verify your coverage. Most people who do not meet this provision of the law will be required to pay a fee for each month they do not have adequate coverage. The fee will be collected each year with federal tax returns.

- **If you qualify for TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, or CHCBP, but you have not enrolled or have not kept up with payments.** Premium-based TRICARE or CHCBP options that require enrollment are considered minimum essential coverage under the Affordable Care Act. This requirement must be met on a monthly basis and reported each year. If there are any months during which you are not enrolled or have not paid your premium, and if you did not have another form of coverage, you will **not** have met the minimum essential coverage requirement for those months. If you do not qualify or choose not to purchase a TRICARE or CHCBP premium-based program, you may find other coverage options that meet your needs at www.healthcare.gov or you can consider coverage provided by a civilian employer.

TRICARE PLANS

YOUR PLAN		WHAT YOU NEED TO KNOW
Considered Minimum Essential Coverage?	Yes	<p>If you lose TRICARE eligibility (<i>e.g., separate from the service, age out, or your marital status changes</i>), you can buy:</p> <ul style="list-style-type: none"> Continued Health Care Benefit Program (CHCBP) or TRICARE Young Adult (TYA) coverage if you qualify Coverage from the Health Insurance Marketplace (www.healthcare.gov) Any other plan that qualifies as minimum essential coverage (<i>e.g., coverage through an employer, Medicare</i>) <p>Note: In some cases, you may qualify for coverage through the Transitional Assistance Management Program (TAMP).</p>
TRICARE Prime® TRICARE Overseas Program (TOP) Prime TRICARE Prime Remote TOP Prime Remote TRICARE Prime Remote for Active Duty Family Members TRICARE Standard® and TRICARE Extra TRICARE Standard Overseas TRICARE For Life (TFL) TFL Overseas US Family Health Plan TRICARE Plus with TRICARE Standard TRICARE Plus with TFL		
Considered Minimum Essential Coverage?	Yes	<p>Coverage is for 180 days. After the 180 days, you can buy:</p> <ul style="list-style-type: none"> CHCBP or TYA coverage if you qualify Coverage from the Health Insurance Marketplace Any other plan that qualifies as minimum essential coverage (<i>e.g., coverage through an employer, Medicare</i>)
TAMP		
Considered Minimum Essential Coverage?	No	<p>Starting January 1, 2015, if you do not have a health plan that qualifies as minimum essential coverage, you may have to pay a fee that increases every year. To avoid paying a fee, you can buy:</p> <ul style="list-style-type: none"> Coverage from the Health Insurance Marketplace Any other plan that qualifies as minimum essential coverage (<i>e.g., coverage through an employer, Medicare</i>)
Only TRICARE Plus ¹ (<i>not TRICARE-eligible</i>) Only direct care (<i>not TRICARE-eligible</i>) Only line-of-duty care (<i>not TRICARE-eligible</i>) Only transitional care for service-related conditions ² (<i>not TRICARE-eligible</i>)		

1. Coverage is only for primary care at the military hospital or clinic where enrolled.

2. Coverage is only for 180 days and only for the approved condition.

PREMIUM-BASED PLANS—YOU MUST QUALIFY FOR AND BUY COVERAGE

CONTINUED HEALTH CARE BENEFIT PROGRAM			
SITUATION		WHAT YOU CAN DO	WHAT YOU NEED TO KNOW
Considered Minimum Essential Coverage?	Yes	<ul style="list-style-type: none">• Keep Continued Health Care Benefit Program (CHCBP) coverage• Buy coverage from the Health Insurance Marketplace• Buy any other plan that qualifies as minimum essential coverage (<i>e.g., coverage through an employer, Medicare</i>)	<p>You must pay your premiums on time to keep your coverage in good standing.</p> <p>Coverage is for 18–36 months.¹ After your coverage ends, you can buy coverage from the Health Insurance Marketplace or any other plan that qualifies as minimum essential coverage.</p>
You qualify and bought coverage			
Considered Minimum Essential Coverage?	No	<ul style="list-style-type: none">• Buy CHCBP coverage• Buy coverage from the Health Insurance Marketplace• Buy any other plan that qualifies as minimum essential coverage (<i>e.g., coverage through an employer, Medicare</i>)	<p>You only have 60 days from your loss of TRICARE eligibility to buy CHCBP coverage.</p> <p>Beginning in 2014, if you do not have a health plan that qualifies as minimum essential coverage, you may have to pay a fee that increases every year.</p>
You qualify but have not bought coverage			

1. Certain former spouses who have not remarried may qualify for an unlimited duration of coverage.

TRICARE YOUNG ADULT			
SITUATION		WHAT YOU CAN DO	WHAT YOU NEED TO KNOW
Considered Minimum Essential Coverage?	Yes	<ul style="list-style-type: none">Keep TRICARE Young Adult (TYA) coverageBuy coverage from the Health Insurance MarketplaceBuy any other plan that qualifies as minimum essential coverage (e.g., coverage through an employer, Medicare)	<p>You must pay your premiums on time to keep your coverage in good standing.</p> <p>Coverage ends when you reach age 26. After your coverage ends, you can buy Continued Health Care Benefit Program coverage, coverage from the Health Insurance Marketplace, or any other plan that qualifies as minimum essential coverage.</p>
Considered Minimum Essential Coverage?	No	<ul style="list-style-type: none">Buy TYA coverageBuy coverage from the Health Insurance MarketplaceBuy any other plan that qualifies as minimum essential coverage (e.g., coverage through an employer, Medicare)	<p>Beginning in 2014, if you do not have a health plan that qualifies as minimum essential coverage, you may have to pay a fee that increases every year.</p>
You qualify and bought coverage			
You qualify but have not bought coverage			

More About TRICARE Young Adult

You may have heard that the Affordable Care Act extended coverage for young adult dependents (*who do not have their own insurance through an employer or spouse*) until reaching age 26. While this provision did not impact TRICARE directly, you should know that TRICARE offers coverage to qualifying young adult dependents of TRICARE sponsors through the TRICARE Young Adult (TYA) program. The TYA program began in 2011 and gives qualifying dependents the option to purchase premium-based TRICARE coverage until reaching age 26. For more information about whether you or your family member qualifies, visit www.tricare.mil/tya.

PREMIUM-BASED PLANS (CONTINUED)

TRICARE RESERVE SELECT®			
SITUATION		WHAT YOU CAN DO	WHAT YOU NEED TO KNOW
Considered Minimum Essential Coverage?	Yes	<ul style="list-style-type: none">• Keep TRICARE Reserve Select (TRS) coverage• Buy coverage from the Health Insurance Marketplace• Buy any other plan that qualifies as minimum essential coverage (<i>e.g., coverage through an employer, Medicare</i>)	You must pay your premiums on time to keep your coverage in good standing.
You qualify and bought coverage			
Considered Minimum Essential Coverage?	No	<ul style="list-style-type: none">• Buy TRS coverage• Buy coverage from the Health Insurance Marketplace• Buy any other plan that qualifies as minimum essential coverage (<i>e.g., coverage through an employer, Medicare</i>)	Beginning in 2014, if you do not have a health plan that qualifies as minimum essential coverage, you may have to pay a fee that increases every year.
You qualify but have not bought coverage			

TRICARE RETIRED RESERVE®			
SITUATION		WHAT YOU CAN DO	WHAT YOU NEED TO KNOW
Considered Minimum Essential Coverage?	Yes	<ul style="list-style-type: none">• Keep TRICARE Retired Reserve (TRR) coverage• Buy coverage from the Health Insurance Marketplace• Buy any other plan that qualifies as minimum essential coverage (<i>e.g., coverage through an employer, Medicare</i>)	You must pay your premiums on time to keep your coverage in good standing.
You qualify and bought coverage			
Considered Minimum Essential Coverage?	No	<ul style="list-style-type: none">• Buy TRR coverage• Buy coverage from the Health Insurance Marketplace• Buy any other plan that qualifies as minimum essential coverage (<i>e.g., coverage through an employer, Medicare</i>)	Beginning in 2014, if you do not have a health plan that qualifies as minimum essential coverage, you may have to pay a fee that increases every year.
You qualify but have not bought coverage			

INFORMATION REPORTING







The Affordable Care Act requires the Department of Defense to report to the Internal Revenue Service (IRS) who was provided minimum essential health care coverage during each tax year. The IRS will use this information to verify that individuals had the minimum essential coverage necessary to satisfy the individual mandate provisions of the Affordable Care Act.

Uniformed service beneficiaries will receive a notice containing the information transmitted to the IRS to aid in the filing of federal tax returns.

KEEP YOUR DEERS INFORMATION UP TO DATE

The IRS will collect fees from most individuals who do not maintain minimum essential coverage. For the IRS to confirm whether each member of your family meets the minimum essential coverage requirement, TRICARE must be able to verify your coverage status based on what is listed in the Defense Enrollment Eligibility Reporting System (DEERS). You must keep your DEERS information up to date—including adding family members after marriage, birth, or adoption—in order for TRICARE to verify that all of your family members maintained minimum essential coverage. Your Social Security number (SSN) and the SSN of each of your covered family members must be included in DEERS for your TRICARE coverage to be reflected accurately. To learn more about TRICARE and the Affordable Care Act, visit www.tricare.mil/aca.

FOR INFORMATION AND ASSISTANCE

 TRICARE North Region Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) www.hnfs.com	 TRICARE South Region Humana Military, a division of Humana Government Business 1-800-444-5445 Humana-Military.com	 TRICARE West Region UnitedHealthcare Military & Veterans 1-877-988-WEST (1-877-988-9378) www.uhcmilitarywest.com
 TRICARE Overseas Program (TOP) Regional Call Center—Eurasia-Africa¹ +44-20-8762-8384 (overseas) 1-877-678-1207 (stateside) tricarelon@internationalsos.com	 TOP Regional Call Center—Latin America and Canada¹ +1-215-942-8393 (overseas) 1-877-451-8659 (stateside) tricarephl@internationalsos.com	 TOP Regional Call Centers—Pacific¹ Singapore: +65-6339-2676 (overseas) 1-877-678-1208 (stateside) sin.tricare@internationalsos.com Sydney: +61-2-9273-2710 (overseas) 1-877-678-1209 (stateside) sydricare@internationalsos.com
TRICARE Reserve Select www.tricare.mil/trs TRICARE Retired Reserve www.tricare.mil/trr	TRICARE Young Adult www.tricare.mil/tya	Transitional Assistance Management Program www.tricare.mil/tamp
Continued Health Care Benefit Program Humana Military 1-800-444-5445 www.tricare.mil/chcbp	Health Insurance Marketplace www.healthcare.gov	milConnect Web Site http://milconnect.dmdc.mil

1. For toll-free contact information, visit www.tricare-overseas.com.

An Important Note About TRICARE Program Information

At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military hospital and clinic guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic. The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act.

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